

<b>IM-02-66 Rev. 8/03</b> <b>AUTHORITY:</b> State School Aid Act, Section 32j. <b>COMPLETION:</b> Voluntary. (Consideration for funding will not be possible if form is not filed.)	Michigan Department of Education Office of School Excellence <b>EARLY CHILDHOOD AND PARENTING PROGRAMS</b> P.O. Box 30008, Lansing, Michigan 48909	<i>Direct questions regarding this form to (517) 373-8483.</i>
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---STATE USE ONLY---	
Date Received	
Date Approved	

**GRANT APPLICATION FOR 2003-2004**  
**GREAT PARENTS, GREAT START GRANTS**  
**PART A. APPLICANT**

<b>APPLICANT</b> (Intermediate School District)	Name of Intermediate School District	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
		County	Fax

<b>PRIMARY CONTACT PERSON</b>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

<b>SECONDARY CONTACT PERSON</b>	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

**ADDITIONAL CONSORTIUM APPLICANTS (If Applicable)**

(Intermediate School Districts Only)		

**GRANT FUNDS REQUESTED:** \$ \_\_\_\_\_ (Not to exceed 3.5% of the District's 2002-2003 Section 81 payment)

**PLEASE PROVIDE THE INFORMATION REQUESTED USING THIS FORM ONLY.**

**ASSURANCES AND CERTIFICATIONS:** By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 1a, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF SUPERINTENDENT \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_ TELEPHONE (     ) \_\_\_\_\_

**MAILING INSTRUCTIONS:** The ORIGINAL and TWO (2) copies of this application must be RECEIVED by mail at the STATE address indicated above by OCTOBER 1, 2003.

## **PART A (Continued): ASSURANCES AND CERTIFICATIONS**

### **--STATE PROGRAMS--**

**INSTRUCTIONS: Please attach ALL assurances to the application.**

#### **ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT**

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

#### **CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS**

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

#### **CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

#### **IN ADDITION:**

This project/program will not supplant nor duplicate an existing early childhood or family development program.

### **SPECIFIC PROGRAM ASSURANCES**

The following provisions are understood by the recipients of the grants should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Early Childhood and Parenting Programs Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

SIGNATURE OF ISD SUPERINTENDENT

DATE

**PART A (Continued):**  
**CERTIFICATION FOR PARTICIPATION IN CONSORTIUM AGREEMENT**  
(For Consortium Activities Only)

**INSTRUCTIONS:**

Cooperative projects may be submitted by two or more eligible intermediate school districts (ISDs). Each participating ISD should take the following action:

-----Provide the name of each Superintendent and Board of Education President and signature on the consortium agreement form.

-----Either accept administrative responsibility for the project or designate another ISD as the administrative and fiscal agent.

Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in this application is correct and complete; that the local ISD which he or she represents has authorized him or her to file this application as a consortium member. Such authorization action is to be recorded in the minutes of an ISD Board of Education meeting held prior to November 15, 2003. The administrative and fiscal agency named below has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds to conduct this project.

**CERTIFICATION OF ISD DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT**

Name of ISD		Name of Superintendent	
Mailing Address (Street)		Signature	Date Signed
City	Zip Code	Name of ISD Board President	
Name and Title of Contact Person		Signature	Date Signed
Telephone (Area Code/Local Number)		E-MAIL ADDRESS of Contact Person	

**CERTIFICATION OF PARTICIPATING ISD**

Name of ISD		Name of Superintendent	
Mailing Address (Street)		Signature	Date Signed
City	Zip Code	Name of ISD Board President	
Name and Title of Contact Person		Signature	Date Signed
Telephone (Area Code/Local Number)		E-MAIL ADDRESS of Contact Person	

**CERTIFICATION OF PARTICIPATING ISD**

Name of ISD		Name of Superintendent	
Mailing Address (Street)		Signature	Date Signed
City	Zip Code	Name of ISD Board President	
Name and Title of Contact Person		Signature	Date Signed
Telephone (Area Code/Local Number)		E-MAIL ADDRESS of Contact Person	

**PART B. ASSURANCE OF COMMITMENT TO COLLABORATE**

NAME OF APPLICANT (INTERMEDIATE SCHOOL DISTRICT): \_\_\_\_\_

It is my understanding that the above named applicant plans to submit a Great Parents, Great Start Grant application available through the Michigan Department of Education. There is a need for such a program in this area, and a representative of my agency/organization/program will collaborate with the above named ISD in joint planning, decision making, implementation and leadership of the Great Parents, Great Start Program.

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE DIRECTOR, SUPERINTENDENT OR AUTHORIZED OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

\_\_\_\_\_  
NAME OF AGENCY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER (Including Area Code)

STATEMENT OF THE ABOVE AGENCY/ORGANIZATION/PROGRAM’S COLLABORATIVE RELATIONSHIP TO THE PROJECT:

**PART C. SUPPORT OF MULTIPURPOSE COLLABORATIVE BODY (MPCB)**

Our MPCB is involved in the collaborative effort of the Great Parents, Great Start program and hereby gives its support of the program:

\_\_\_\_\_, Chair \_\_\_\_\_ County MPCB

DATE \_\_\_\_\_

**ADDITIONAL MPCB STATEMENTS OF SUPPORT FOR APPLICATIONS SERVING A MULTI-COUNTY REGION**

Our MPCB is involved in the collaborative effort of the Great Parents, Great Start program and hereby gives its support of the program:

\_\_\_\_\_, Chair \_\_\_\_\_ County MPCB

DATE \_\_\_\_\_

Our MPCB is involved in the collaborative effort of the Great Parents, Great Start program and hereby gives its support of the program:

\_\_\_\_\_, Chair \_\_\_\_\_ County MPCB

DATE \_\_\_\_\_

Our MPCB is involved in the collaborative effort of the Great Parents, Great Start program and hereby gives its support of the program:

\_\_\_\_\_, Chair \_\_\_\_\_ County MPCB

DATE \_\_\_\_\_

**PART D. PROJECT ABSTRACT**

**APPLICANT:** \_\_\_\_\_

**INSTRUCTIONS:** Organize the Project Abstract using the following categories. This information must be included on one (1) page only. Do not refer to additional pages.

DESCRIPTION OF THE ADEQUATE COMMUNITY COLLABORATIVE EFFORT:

DESCRIPTION OF THE PROJECT: (Also serves as summary).

DESCRIPTION OF RESEARCH-BASED METHODS, EVALUATION AND EXPECTED FAMILY AND CHILD OUTCOMES:

APPLICANT'S COMMITMENT AND CAPACITY:

**PART E. YEAR 2003-2004 PROJECT PLAN**

**APPLICANT:** \_\_\_\_\_

See instructions for format of the narrative plan. Use this page and no more than seven (7) additional pages, for a total of 8 pages to address all required narrative information.

**PART F. BUDGET SUMMARY FOR GREAT PARENTS, GREAT START FY 2003-2004 FUNDS**IM-02-66  
(Page 6)

**INSTRUCTIONS:** The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office. Using the School District Accounting Manual (Bulletin 1022). The budget should show how FY 2003-2004 funds will be spent from October 1, 2003 through either September 30, 2004 or a given carryover period.

**1. BUDGET SUMMARY**

LEGAL NAME OF INTERMEDIATE SCHOOL DISTRICT

ISD CODE (5 Characters)			PROJECT TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Carry-over	ENDING DATE (mm/dd/yy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FY of Approved Activity <b>2 0 0 4</b>
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FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	<u>TOTAL</u>
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
130	Instruction --- Adult/Continuing Education							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	<b>TOTAL AMOUNT TO BE EXPENDED</b>							
	<b>-----TOTAL EXPENDITURES</b>							A)

**2. BUDGET DETAIL---Must be provided**

Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

**TOTAL AMOUNT REQUESTED UNDER SECTION 32j**

\$ \_\_\_\_\_

**FUNDING:**

Department of Education Share of Expenditures

B)

Local Share of Expenditures (Block A Minus Block B)

C)

DATE

BUSINESS OFFICE REPRESENTATIVE (Type or Print)

SIGNATURE

DATE

PROJECT CONTACT PERSON (Type or Print)

SIGNATURE

DATE

**JACQUELINE A. WOOD**  
M.D.E. CONTACT PERSON (Type or Print)

SIGNATURE



**PART G. BUDGET--Continued**

**2. BUDGET DETAIL (Provide Attachment(s) as needed.)**

Explain each line item that appears on the Budget Summary (page 6), using the indicated function code and title.